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Re: 09/787,002 Confirmation no. 1190 of 18. June 2001.
Devices with window-tome-space flow control (WTFC)

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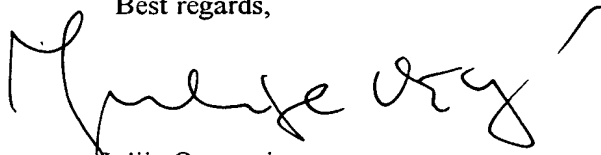
Dear sirs,

regarding your communication cited above, only pages 1 and 3 of 3 were enclosed in the envelope. Page 2 is missing.

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Split, 10. July 2001.

Best regards,


Julije Ozegovic
Applicant

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- Copy of pages 1 and 3, as received



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/787,002	03/12/2001	2661	430		4	15	1

CONFIRMATION NO. 1190

FILING RECEIPT



OC000000006194811

Julije Ozegovic
Istarska 2
Split, 21000
CROATIA

Date Mailed: 06/18/2001

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Applicant(s)

Julije Ozegovic, Split, CROATIA;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A 371 OF PCT/HR99/00022 09/29/1999

Foreign Applications

CROATIA P980536A 10/05/1998

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Devices with window-time-space flow control (wtfc)

Preliminary Class

370

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Data entry by

Team

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Bib Data Sheet

CONFIRMATION NO. 1190

SERIAL NUMBER 09/787,002	FILING DATE 03/12/2001 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO.	
APPLICANTS Julije Ozegovic, Split, CROATIA; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/HR99/00022 09/29/1999 ** FOREIGN APPLICATIONS ***** CROATIA P980536A 10/05/1998 <div style="text-align: right;"> ** SMALL ENTITY ** </div>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CROATIA	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
ADDRESS <div style="text-align: right;">AIR MAIL</div> Julije Ozegovic Istarska 2 Split , 21000 CROATIA					
TITLE Devices with window-time-space flow control (wtfc)					
FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees. <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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